

## Screening Adults for Unhealthy Alcohol Use in Primary Care

MVP Health Care® (MVP), as part of its continuing Quality Improvement Program, has adopted The National Institute on Alcohol Abuse and Alcoholism's (NIAAA) resource *The Healthcare Professional's Core Resource on Alcohol*. This resource offers current, evidence-based content about alcohol and health, covering basic principles, clinical impacts, and patient care from screening to recovery. The full resource is available at:

[Core Resource on Alcohol | National Institute on Alcohol Abuse and Alcoholism \(NIAAA\) \(nih.gov\)](https://www.niaaa.nih.gov/resources/core-resource-on-alcohol)

### **Impact of The Condition**

Unhealthy alcohol use describes use that exceeds recommended limits, has a negative impact on physical and mental health, contributes to disability, or leads to an alcohol use disorder. It is associated with increased morbidity and mortality from a wide range of illnesses and accidents, and is a leading cause of premature death<sup>2</sup>. About 30 percent of U.S. adults' alcohol consumption level puts them at risk for adverse physical and mental outcomes, as well as negative societal impact. Many of these adverse effects are related to the amount and pattern of alcohol use. Evidence suggests that men who drink more than four (4) standard drinks a day (or more than 14 per week) and women who drink more than three (3) in a day (or more than 7 per week) are at increased risk for alcohol-related problems<sup>1</sup>. The 2020-2025 Dietary Guidelines for Americans recommends that adults of legal drinking age choose not to drink, or to drink in moderation by limiting to 2 drinks or less in a day for men or 1 drink or less in a day for women<sup>3</sup>. Detection rates for alcohol use disorders and risky drinking in primary care settings are very low; approximately ten percent of those abusing alcohol actually receive the appropriate screening and referral to treatment. Studies suggest that individuals in primary care are open to answering questions and receiving advice about alcohol use and that brief intervention for at-risk drinkers may have positive lasting effects in reducing drinking levels. Screening for unhealthy alcohol use and brief behavioral counseling interventions are also recommended for pregnant women<sup>2</sup>.

### **Summary of the NIAAA Resource**

The following resource provides a brief introduction and suggestions for setting up a screening process in practice which may include use of a self-reported instrument such as the AUDIT-C tool (Alcohol Use Disorders Identification Test-Consumption)<sup>4</sup>. This tool is the most widely studied tool for use in clinical practice to detect alcohol misuse, abuse or dependence and can be used alone or in combination with a broader health interview<sup>1</sup>. The resource uses the Alcohol Screening, Brief Intervention, and Referral to Treatment (SBIRT) workflow for identifying alcohol problems containing the following steps:

Ask about alcohol use (number of heavy drinking days).

Assess for alcohol use disorders (using the 11-item Alcohol Symptoms Checklist based on the diagnostic criteria for alcohol use disorder and has the advantage of directly providing a diagnosis and level of severity<sup>6</sup>).

Advise and Assist (brief intervention – includes assessing readiness to change, setting goals and referral for specialized treatment if appropriate).

At follow-up: Continue support (assesses whether patient was able to sustain goals and whether continued/new treatment is necessary).

The resource consists of many helpful tools for clinicians including the AUDIT-C screening tool, information about the neuroscience and clinical impacts of alcohol use, strategies for prevention and treatment (including prescribing medications for alcohol use disorder<sup>7</sup>), patient education materials (e.g., what constitutes a “standard” drink; strategies for cutting down), and online resources for clinicians and patients.

Additional tools to assist providers with educating their patients on behavioral health conditions are included in the Provider Quality Improvement Manual under Behavioral Health. [Quality Programs and Initiatives | MVP Health Care](#)

In conjunction with these guidelines, MVP Health Care offers Case Management for members with behavioral health conditions. If you would like to refer your patients to the Case Management program, please call the MVP Case Management Department at 1-800-852-7826.

This guideline is not intended to replace the role of clinical judgment by the physician in the management of this, or any other disease entity. It is an educational guideline to assist in the delivery of good medical care. All treatment decisions are ultimately up to the physician. Where medication recommendations are made, please refer to each health plan’s formulary for coverage considerations.

MVP Health Care updates its clinical guidelines at least every two years. The review process is also initiated when new scientific evidence or national standards are published. Practitioners are alerted via the website and by written notices from the plan via fax or newsletter. A hard copy of the clinical guideline can be requested by calling the MVP Quality Improvement Department at (800) 777-4793 extension 1-2247.

## **References**

1. National Institute on Alcohol Abuse and Alcoholism’s (NIAAA) online resource *The Healthcare Professional’s Core Resource on Alcohol*
  - a. Core Resource on Alcohol | National Institute on Alcohol Abuse and Alcoholism (NIAAA) (nih.gov)
2. U.S. Preventive Services Task Force. Unhealthy Alcohol Use in Adolescents and Adults: Screening and Behavioral Counseling Interventions: Current Recommendations. November 2018
  - a. [https://www.uspreventiveservicestaskforce.org/uspstf/search\\_results?searchterm=unhealthy+alcohol+use+in+adolescents+and+adults+screening+and+behavioral+counseling+interventions+3](https://www.uspreventiveservicestaskforce.org/uspstf/search_results?searchterm=unhealthy+alcohol+use+in+adolescents+and+adults+screening+and+behavioral+counseling+interventions+3)
3. Centers for Disease Control and Prevention: Dietary Guidelines for Alcohol
4. <https://www.cdc.gov/alcohol/fact-sheets/moderate-drinking.htm>

AUDIT-C Tool

- a. <https://www.hepatitis.va.gov/alcohol/treatment/audit-c.asp>
  - b. American Psychiatric Association. (2022). Diagnostic and Statistical Manual of Mental Disorders (5th ed. TR; DSM–5-TR; American Psychiatric Association [APA], 2022)  
<https://dsm.psychiatryonline.org/doi/book/10.1176/appi.books.9780890425787>
5. 11-item Alcohol Symptoms Checklist
    - a. <https://www.niaaa.nih.gov/sites/default/files/alcohol-symptom-checklist.pdf>
  6. Medication for the Treatment of Alcohol Use Disorder: A Brief Guide
    - a. <https://store.samhsa.gov/sites/default/files/d7/priv/sma15-4907.pdf>